



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
ADMINISTRATIVE BUDGET REVISION

(Please TYPE or PRINT Clearly)

1. NAME OF SPONSORING ORGANIZATION	2. CONTRACT NUMBER												
<p>3. If the sponsor's level of site participation or the number of meals served to participants increases, the approved administrative budget may need to be revised. Failure to do so could result in a loss of funds to which the sponsor may be entitled.</p> <p>The Budget Revision must be forwarded to MDHSS-CFNA as soon as possible after the change is known and before the close of the site(s).</p> <p>Reason administrative budget needs to be changed (please check all that apply):</p> <p><input type="checkbox"/> Actual number of participants being served is more than the number originally estimated to be served. Attach a Site Change Form indicating the number of participants being served at each site by meal service type (breakfast, lunch, snack, etc.).</p> <p><input type="checkbox"/> Days of operation have been expanded. Indicate revised days of operation: start date _____ end date _____</p> <p><input type="checkbox"/> Site(s) have been added resulting in additional participants being served. Applications for new sites are attached or have been submitted to MDHSS-CFNA.</p> <p><input type="checkbox"/> Actual administrative expenses are greater than anticipated, in the following area(s):</p> <table style="margin-left: auto; margin-right: auto;"><thead><tr><th style="text-align: center;"><u>Expense Category</u></th><th style="text-align: center;"><u>Amount</u></th></tr></thead><tbody><tr><td style="text-align: center;">_____</td><td style="text-align: center;">\$ _____</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">\$ _____</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">\$ _____</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">\$ _____</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Other (please indicate) _____</p>		<u>Expense Category</u>	<u>Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
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<p>4. Indicate your revised SFSP Administrative Budget. Include all administrative costs for which you plan to request reimbursement.</p> <p>Revised Total Administrative Budget \$ _____ (Note: It is not necessary to revise the operational budget.)</p>													
SIGNATURE OF AUTHORIZED REPRESENTATIVE ▶	TITLE	DATE											
APPROVED/ENTERED BY (MDHSS USE ONLY)	TITLE	DATE											